

Form CPF M 102: Campaign Finance Report TAWN CLERK'S DEFICE ARLINGTON, MA 02174

Municipal Form

2018 APR -7 PM 9:39

Office of Campaign and Political Finance

of Massachusetts	fare in the		File with	: City or Town Clerk or E	lection Commission
Fill in Repo	orting Period dates: Beginning Date:	1/1/17	Ending Date:	1/1/18	
Type of Re	port: (Check one)				
	receding preliminary	1 30 day	after election	year-end report	dissolution
				2 -1 1/	/
NA	VIN F. GREELEY		MMITTEE TOK	EHECTREVIA	URBELEY
	Candidate Full Name (if applicable)		ANN M. GRE	mittee Name	
17	RL. 130ARCLOF SELECTMEN Office Sought and District	<u> </u>		ommittee Treasurer	1 - 1
363	the state of the s	174 36		ARTHUTON	MA 02474
	Residential Address			e Mailing Address	
E-mail:	gree extoup aol, com	E-mail:	1 (20)	10-16-12	,
Phone # (option	nal): (617) 759-2200	Phone # ((optional): (781) 6	48-1913	
	STATE OF THE STATE	NCE INEC	DMATION:		
	SUMMARY BALA	MCE INFO	KWIATION.		
	Line 1: Ending Balance from previous report			0	
	Line 2: Total receipts this period (page 3, line	e 11)		0	
	Line 3: Subtotal (line 1 plus line 2)			0	
	Line 4: Total expenditures this period (page	5, line 14)		0	
	Line 5: Ending Balance (line 3 minus line 4)			0	
	Line 6: Total in-kind contributions this period	od (page 6)		0	
	Line 7: Total (all) outstanding liabilities (page 1)	ge 7)		Ö	
	Line 8: Name of bank(s) used:	dame.			
activity, inclu- finance activity	Committee Treasurer: I have examined this report including attached schedules and it is, to uding all contributions, loans, receipts, expenditures, disbursements, ity of all persons acting under the authority or on behalf of this commer the penalties of perjury:	the best of my kno in-kind contribution ittee in accordance	owledge and belief, a true and one and liabilities for this reporte with the requirements of M	I.G.L. c. 55.	campaign finance s the campaign
	NDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	eck 1 box only)	7		
					C 11
I certify activity, incurred	that I have examined this report including attached schedules and it of all persons acting under the authority or on behalf of this commit any liabilities nor made any expenditures on my behalf during this	ttee in accordance reporting period.		ue and complete statement G.L. c. 55. I have not recei	of all campaign financived any contributions,
Candida I certify finance campaig	that I have examined this report including attached schedules and it activity, including contributions, loans, receipts, expenditures, disbugn finance activity of all persons acting under the authority or on behavior to personal transfer or the penalties of personal transfer or trans	filing separate re	contributions and liabilities f	quirements of M.G.L. c. 5: Date:	of all campaign d represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

eceipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10r contributions of 3200 of more)
west, and the second se			
Line 9: Total Red	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
Line 11, TOTAL	L RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
Line II. IOIAI		11 0 11 10 1	ould include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
night and the second se			
]		
Line 9: Total Re	ceeipts over \$50 (or listed above)		
	eceipts \$50 and under* (not listed above)		
		20.00	-
Line 11: TOTA	L RECEIPTS IN THE PERIOD	6	Enter on page 1, line 2 puld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

1.1

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	(7.233.655	- ar post or Expenditure		
	2				
				D. Control of the Con	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)		
		The 12. Total Expelluttures ov	er 450 (or risted above)		
		Line 13: Total Expenditures \$50	0 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
Lines on page 1, mile 1					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(urphasettear assung)			
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Annocation to the state of the				
and the same of th				
A CONTRACTOR OF THE CONTRACTOR				
		Line 12: Expenditures ov	er \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
				6
	Enter on page 1, line 4	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD ne 13 should include only those expendi	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	J L	Line 15: In-Kind Contributio	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above	e)
	Enter on page 1, line 6 =	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	0